Please type a plus sign (+) inside this box + Inder the Paperwork Reduction Act of 1995, no persons are required to respond		PTO/SB/50 (4/98) hrough 09/30/2000. OMB 0651-0033 U.S. DEPARTMENT OF COMMERCE ss it displays a valid OMB control number.					
REISSUE PATENT APPLI	ICATION TRANS	MITTAL E					
	Attorney Docket No.	GR 98 P 5933					
Address As	First Named Inventor	Thomas Ehben et al.					
Address to: Assistant Commissioner for Patents	Original Patent Number	6,465,868 B1					
Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	October 15, 2002					
,	Express Mail Label No.	EV 309761872 US					
APPLICATION FOR REISSUE OF: (check applicable box) (tility F	Patent Design Pa	atent Plant Patent					
APPLICATION ELEMENTS	ACCOMPANYING	APPLICATION PARTS					
* Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. X Foreign Priority Cla (if applicable)	aim (35 U.S.C. 119)					
2. X Specification and Claims (amended, if appropriate)	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
3. X Drawing(s) (proposed amendments, if appropriate) 4. X Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	9. English Translation (if applicable) * Small Entity Statement(s) (PTO/SB/09-12)	n of Reissue Oath/Declaration Statement filed in prior application, Status still proper and desired					
5. Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	11. Preliminary Amend						
or X Ribboned Original Patent Grant	12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
Affidavit / Declaration of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned?		ed_Copy_of_foreign					
X Yes No	••••••						
(If Yes, check applicable box(es))							
X Written Consent of all Assignees (PTO/SB/53 or 54) X 37 C.F.R. § 3.73(b) Statement Power of Attorney	SMALL ENTITY FEES, A SMAL	ORDER TO BE ENTITLED TO PAY L ENTITY STATEMENT IS REQUIRED ONE FILED IN A PRIOR APPLICATION 1.28).					
14. CORRESPONDEN	CE ADDRESS						
Customer Number or Bar Code Label (Insert Customer No. or Attach	or X	Correspondence address below					
Name Laurence A. Greenberg Lerner and Greenberg, P.A.							

14. OCKREOF ONDERGE ADDREGO								
☐ Custo	omer Number or Bar Code Label		ttach bar code label here)	or	[X] c	Correspondence address below		
Name	Laurence A. Greenberg Lerner and Greenberg, P.A.							
Address	P.O. Box 2480							
City	Hollywood	State	Florida	Zip Code 33020		33020		
Country		Telephone	(954) 925-1100		Fax	(954) 925-1101		
Country	_ــ	relepriorie	1(334) 323-1100		I rax	[(934) 923-1101		

Registration No. (Attorney/Agent) NAME (Print/Type) Werner H. Stemer 34,956 Signature Date July 23, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/56 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

						GR 98 P 5933					
Claims as Filed - Part 1											
Claims in _ Num		Numbe	Number Filed in (3)			Small E	Entity		Other than a Small Entit		ntity
Patent	For		Application	Nun	nber Extra	Rate	Fee	П	Rate	Fee	
(A) 12	Total Claims 37 CFR 1.16(j))	(B)	12	****	0 =	x \$=					
(C)		(D)	2	•	0 =	x \$=		or	x \$=		
Basic Fee (37 CFR 1 16(h))									750.00		
Total Filing Fee									OR	\$ \$	
Claims as Amended - Part 2										750.00	
(1)					(3) Extra	Small E	ntity Other than		Other than	a Small Entity	
	After Amendmen	f)	Highest Num Previously Paid For	Sly Or	Claims Present	Rate	Fee		Rate		Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**		*	x \$=		or	x \$=		
Independent Claims (37 CFR 1.16(i))	***	MINUS	****		=	× \$=		Oi	x \$=		
:	•		To	otal A	Additional	Fee	\$		OR	\$	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancelation of claims ***** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B' - 20). ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No 12-1099 A check in the amount of \$ to cover the filling / additional fee is enclosed. PTO 2038 in the amount of \$750.00 is enclosed July 23, 2003											